

By: Taylor of Galveston, et al.
(Smithee)

S.B. No. 20

A BILL TO BE ENTITLED

AN ACT

relating to health plan and health benefit plan coverage for abortions.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Title 8, Insurance Code, is amended by adding Subtitle M to read as follows:

SUBTITLE M. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

CHAPTER 1695. LEGISLATIVE CONSIDERATIONS

Sec. 1695.001. CONSTITUTIONALITY OF PATIENT PROTECTION AND AFFORDABLE CARE ACT. This subtitle does not constitute an acknowledgment by the legislature of the legitimacy of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as a constitutional exercise of the power of the United States Congress.

CHAPTER 1696. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

Sec. 1696.001. DEFINITIONS. In this chapter:

(1) "Abortion" and "medical emergency" have the meanings assigned by Section 171.002, Health and Safety Code.

(2) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government or created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18031(b)).

(3) "Qualified health plan" has the meaning assigned by Section 1301(a) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18021(a)).

1 Sec. 1696.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT
2 EXCHANGE. (a) A qualified health plan offered through a health
3 benefit exchange may not provide coverage for an abortion other
4 than coverage for an abortion performed due to a medical emergency.

5 (b) This section does not prevent a person from purchasing
6 optional or supplemental coverage for abortions under a health
7 benefit plan other than a qualified health plan offered through a
8 health benefit exchange.

9 SECTION 2. Subtitle A, Title 8, Insurance Code, is amended
10 by adding Chapter 1218 to read as follows:

11 CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

12 Sec. 1218.001. DEFINITIONS. In this chapter, "abortion"
13 and "medical emergency" have the meanings assigned by Section
14 171.002, Health and Safety Code.

15 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter
16 applies only to a health benefit plan that provides benefits for
17 medical or surgical expenses incurred as a result of a health
18 condition, accident, or sickness, including an individual, group,
19 blanket, or franchise insurance policy or insurance agreement, a
20 group hospital service contract, or an individual or group evidence
21 of coverage or similar coverage document that is offered by:

22 (1) an insurance company;

23 (2) a group hospital service corporation operating
24 under Chapter 842;

25 (3) a fraternal benefit society operating under
26 Chapter 885;

27 (4) a stipulated premium company operating under

1 Chapter 884;

2 (5) an exchange operating under Chapter 942;

3 (6) a health maintenance organization operating under
4 Chapter 843;

5 (7) a multiple employer welfare arrangement that holds
6 a certificate of authority under Chapter 846; or

7 (8) an approved nonprofit health corporation that
8 holds a certificate of authority under Chapter 844.

9 (b) This chapter applies to group health coverage made
10 available by a school district in accordance with Section 22.004,
11 Education Code.

12 (c) Notwithstanding any provision in Chapter 1551, 1575,
13 1579, or 1601 or any other law, this chapter applies to:

14 (1) a basic coverage plan under Chapter 1551;

15 (2) a basic plan under Chapter 1575;

16 (3) a primary care coverage plan under Chapter 1579;

17 and

18 (4) basic coverage under Chapter 1601.

19 (d) Notwithstanding Section 1501.251 or any other law, this
20 chapter applies to coverage under a small or large employer health
21 benefit plan subject to Chapter 1501.

22 (e) Notwithstanding Section 1507.003 or 1507.053, this
23 chapter applies to a standard health benefit plan provided under
24 Chapter 1507.

25 Sec. 1218.003. COVERAGE BY HEALTH BENEFIT PLAN. A health
26 benefit plan may provide coverage for abortion only if:

27 (1) the coverage is provided to an enrollee separately

1 from other health benefit plan coverage offered by the health
2 benefit plan issuer;

3 (2) an enrollee pays separately from, and in addition
4 to, the premium for other health benefit plan coverage a premium for
5 coverage for abortion;

6 (3) an enrollee provides a signature for coverage for
7 abortion, separately and distinct from the signature required for
8 other health benefit plan coverage offered by the health benefit
9 plan issuer; or

10 (4) the coverage provides benefits only for an
11 abortion performed due to a medical emergency.

12 Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health
13 benefit plan issuer that provides coverage for abortion shall
14 calculate the premium for the coverage so that the premium fully
15 covers the estimated cost of abortion per enrollee, determined on
16 an actuarial basis.

17 (b) In calculating a premium under Subsection (a), the
18 health benefit plan issuer may not take into account any cost
19 savings in other health benefit plan coverage offered by the health
20 benefit plan issuer that is estimated to result from coverage for
21 abortion.

22 (c) A health benefit plan issuer that provides coverage
23 other than coverage for abortion may not provide a premium discount
24 to or reduce the premium for an enrollee for coverage other than
25 coverage for abortion on the basis that the enrollee has health
26 benefit plan coverage for abortion.

27 Sec. 1218.005. NOTICE BY ISSUER. A health benefit plan

1 issuer that provides coverage for abortion shall at the time of
2 enrollment in the health benefit plan provide each enrollee with a
3 notice that:

4 (1) coverage for abortion is optional and separate
5 from other health benefit plan coverage offered by the health
6 benefit plan issuer;

7 (2) the premium cost for coverage for abortion is a
8 premium paid separately from, and in addition to, the premium for
9 other health benefit plan coverage offered by the health benefit
10 plan issuer; and

11 (3) the enrollee may enroll in a health benefit plan
12 that provides coverage other than coverage for abortion without
13 obtaining coverage for abortion.

14 SECTION 3. This Act applies only to a qualified health plan
15 offered through a health benefit exchange or a health benefit plan
16 that is delivered, issued for delivery, or renewed on or after
17 January 1, 2018. A qualified health plan offered through a health
18 benefit exchange or a health benefit plan that is delivered, issued
19 for delivery, or renewed before January 1, 2018, is governed by the
20 law as it existed immediately before the effective date of this Act,
21 and that law is continued in effect for that purpose.

22 SECTION 4. This Act takes effect September 1, 2017.